

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875.

SERIAL NO. _____ FILING DATE _____

APPLICANT'S _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		1	
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	1	1	1	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						